S. No. 2
M—2-43
5-17-39
I X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1948 128

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2000

Primary Registration District No.

State File No. 4570

Registrar's No. 198

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Springfield Baptist Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 3 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town Marshfield

(If outside city or town limits, write "RURAL")

(d) Street No. x

(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country x

3. (a) PRINT FULL NAME Alice F. Upshaw

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Thomas Benton Upshaw

6. (c) Age of husband or wife if alive x years

7. Birth date of deceased December - 27 - 1869 (Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 6 If less than one day x hr. x min.

9. Birthplace Webster County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name Louis Montgomery

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Manda Shields

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Kennedy (daughter)

(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 - 5 - 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cem.

18. (a) Signature of funeral director Rex Ramsey

(b) Address Marshfield, Missouri

19. (a) 3-6-48 (Date received local registrar) (b) M. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3 year 1948 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2-31-, 1948 to 3-3-, 1948 that I last saw her alive on 3-2-, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia — Duration 4 days

Bronchial

Due to

Due to

Other conditions Senility

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature C. E. Fellen (M. D. or other)

Address Springfield Mo Date signed 3/4/48

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ——— ——— ——— ———, Registered Apprentice No. ———, working under my personal supervision.

Signed Rex Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.